

California Emergency Solutions and Housing (CESH) Program

2019 NOTICE OF FUNDING AVAILABILITY APPLICATION



**State of California
Governor Gavin Newsom**

**Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency**

**Ben Metcalf, Director
Department of Housing and Community Development**

**NOFA Section, CESH Program
2020 West El Camino Avenue, Suite 650, Sacramento, CA 95833
CESH Program Email: CESH@hcd.ca.gov**

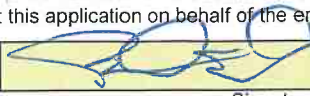
Final Filing Date: May 6, 2019 at 5:00 p.m.

Overview - Applicant Information							Rev. 3/12/19			
Instructions										
This application is subject to the California Emergency Solutions and Housing (CESH) program requirements of Health and Safety Code (HSC) Part 2 of Division 31 Chapter 2.8, commencing with §50490 and including §50490.1, 50490.2, 50490.3, 50490.4, and 50490.5, and the 2019 CESH Notice of Funding Availability (NOFA).										
A. Download and review the 2019 NOFA for the CESH Program SB 850 (Chapter 48, Statutes of 2018)										
B. Application Submittal: Submit one original (hard copy) application with wet, original signatures in a 3-ring binder with pockets, and one USB flash drive that includes a copy of the application with signatures with all files uploaded. Applications must be uploaded to the USB flash drive in Excel format. Applicants are required to submit the Application Forms in this Excel Workbook as instructed on each form.										
C. Application forms for the CESH Program are available at http://www.hcd.ca.gov/grants-funding/active-funding/cesh.shtml										
D. All application forms must be postmarked or received no later than 5 p.m. PST on May 6, 2019 . Application forms not submitted by the deadline will result in a denial of funds to your CoC Service Area. AEs are responsible for ensuring that all required materials are submitted by the deadline as set forth in the NOFA Section I(B).										
General Application Requirements §50490.3										
Administrative Entity (Applicant)										
Name	County of Humboldt									
Applicant Type	Unit of general purpose local government.									
Address:	507 F Street									
City:	Eureka	State:	CA	Zip:	95501	County:	Humboldt			
Federal Tax ID Number (FEIN):	94-6000513			Data Universal Numbering System (DUNS):	793165098					
Authorized Representative (Per Board Resolution)										
Name	Paul Sheppard		Title	Assistant Director, Dept		Email Address	Psheppard@co.humboldt.ca.us	Phone	(707) 441-5407	
Address	507 F Street		City	Eureka		State	CA		Zip	95501
Applicant Contact Information (If different from Authorized Representative)										
Name:	Robert Ward			Title:	Housing and Assistance Coordinator					
Address:	929 Koster Street, Mod G			City:	Eureka	State:	CA	Zip:	95501	
Phone:	(707) 441-5035	Ext.:		Fax:	(707) 444-9522		Email:	rward@co.humboldt.ca.us		
Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)										
Name	Trevis Green		Title	Deputy Director		Email Address	Tgreen@co.humboldt.ca.us	Phone	(707) 441-5422	
Address	507 F Street		City	Eureka		State	CA		Zip	95501
Continuum of Care (CoC)										
CoC Service Area	Humboldt County CoC									
CoC Rep	Humboldt Housing and Homeless Coalition									
Name	Robert Ward		Title	Housing and Assistance Coordinator		Email Address	rward@co.humboldt.ca.us	Phone	(707) 441-5035	
Address	929 Koster Street, Mod G		City	Eureka		State	CA		Zip	95501
File Name:	Administrative Entity (AE) Certification from	Attach certification from the CoC documenting that the AE has been designated by the CoC to administer CESH funds per §50490(a)					Attached and uploaded?	Yes		
Application requests an allocation in order to carry out one or more eligible activity within the CoC service area §50490.3(a)(1)? (See Estimated Budget and Goals Worksheet)								Yes		
Applicant has prior experience administering the eligible activities described in the application or has partnered with one or more local governments or other entities with in the relevant CoC service area that have the necessary prior experience to administer the requested funds §50490.3(a)(2)(A&B)? (See Estimated Budget and Goals Worksheet)								Yes		
Does CoC service area have a functioning CES and HMIS that meet the applicable HUD requirements, as set forth in the NOFA Section II(e)(3) per §50490.3(a)(3)(A)?								Yes		
File Name:	HUD Coordinated Entry Process Self-Assessment	Attach HUD Coordinated Entry Process Self-Assessment documenting that CES meets at a minimum the required aspects of coordinated entry found here: https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf					Attached and uploaded?	Yes		
If self-assessment is not attached, application documents that a minimum of 20 percent of the allocation to the CoC service area will be used to implement or update its systems to comply with the applicable HUD requirements §50490.3(a)(3)(B)? (See Estimated Budget and Goals Worksheet)								No		
Did you set aside 20% or more of your budget from 2018 CESH Round 1 to implement systems to comply with the applicable HUD requirements §50490.3(a)(3)(B)?								No		
File Name:	Local Program or Project Selection Process Documentation	Attach documentation, if available, demonstrating that local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities is consistent with §50490.3(a)(4)					Attached and uploaded?	Yes		
Enter the page number(s) in the provided Selection Process Documentation that demonstrates how the program or project avoids conflicts of interest:				5, 19, 20, 21	Enter the page number(s) in the provided Selection Process Documentation that demonstrates how the program or project a is easily accessible to the public:				19, 20, 21	
If local program or project selection process documentation is not attached, describe how the local program or project selection process to allocate available funds to subrecipients is consistent with §50490.3(a)(4): §50490.3(a)(4) The application describes or provides documentation of the local program or project selection process anticipated to be used to allocate available funds to subrecipients qualified to carry out the eligible activities. In order to satisfy the requirements of this subdivision, the applicant's proposed program or project selection process shall avoid conflicts of interest in program or project selection and shall be easily accessible to the public.										
We have attached the Humboldt County Purchasing Policy but felt it might be helpful to provide some additional detail. The County of Humboldt anticipates that the local program or project selection process to be used will be in accordance with the Requests for Proposals (RFP) procedure at Section 9.3 of the Humboldt County Purchasing Policy. Under this procedure, the County would issue an RFP that states the scope of work, terms and conditions, instructions for preparation, evaluation criteria, cost proposals, specifications, timelines, and contract type. The RFP would be publicly Current Plan Addressing Actions to be Taken with in the Continuum of Care Service Area §50490.3(b)?										
File Name:	Current Homelessness Plan	If yes, attach the most current plan addressing actions to be taken within the Continuum of Care service area to address homelessness §50490.3(b)					Attached and uploaded?	Yes		
If not, funding requested to develop a homelessness plan §50490.3(b)? (See Estimated Budget and Goals Worksheet)										
Other Documents										
File Name:	STD-204	Applicants that are not a government agency must submit a Payee Data Record (STD-204)					Attached and uploaded?	Yes		

File	Government TIN Form	Applicants that are a government agency must submit a Government TIN Form	Attached and uploaded?	Yes
File Name:	Resolution	Resolutions (Refer to Resolution Instructions and Sample Resolution on CESH Program website)	Attached and uploaded?	Yes

Certifications

On behalf of the entity identified below, I certify that: The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct and I possess the legal authority to submit this application on behalf of the entity identified in the signature block.

Paul Sheppard	Assistant Director		6/24/19	6/24/19			
Authorized Representative Printed Name		Title	Signature	Date			
Entity name:	County of Humboldt	Phone Number: (707) 441-5400					
Entity Address	507 F Street	City	Eureka	State	CA	Zip	95501

Legislative and Congressional Information

Provide the Legislative and Congressional information for the applicant and each activity location, (if different than applicant location), included in this application.

To locate or verify the Legislative and Congressional information, click on the respective links below and enter the applicant office location zip code, the activity location site zip code(s) (i.e. zip code(s) where activities are performed), and any additional activity location site(s), as applicable.

[State Legislator](#)

[U.S. House of Representatives](#)

Applicant Office Location

	District #	First Name	Last Name
State Assembly Member	2	Jim	Wood
State Senate Member	2	Mike	McGuire
U.S. House of Representatives	2	Jared	Huffman
Activity Location 1 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 2 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 3 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 4 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 5 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 6 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 7 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 8 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 9 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 10 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 11 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 12 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 13 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Activity Location 14 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Activity Location 15 (if different from applicant location)			
	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Eligible Activities		Projected Performance Measures										Housing First			
Activity	Estimated amount for eligible activity	Allocation amount requested	Activity as a % of Allocation amount requested	Prior Experiences	§50490.3(a)(5)										AE or subrecipient will administer activity consistent with
Activity #	Estimated amount	Allocation amount	Activity as a % of Allocation amount requested	Prior Experiences	(A) Number of homeless persons served	(B1) Number of unsheltered homeless persons served	(B2) Average length of time (AYS) spent as homeless before entry into program or project	(C) Number of homeless persons exiting the program or project	(C) Number of persons that return to homelessness after exiting the program or project	Other applicant identified performance measure #1	Other applicant identified performance measure #2	Other applicant identified performance measure #3	Numerical goal (#)		
Activity #1															
Activity #2															
Activity #3															
Activity #4															
Activity #5															
Activity #6a															
Activity #6b															
Activity #3	\$303,672.63	57.0%		Describe Activity and prior AE experience administering Activity Rental assistance, interim housing funds to mitigate damage incurred by property owners providing housing to persons experiencing homelessness. County of Humboldt, through its Department of Health and Human Services, has been administering HUD-funded rental assistance projects since 2011. The County has been administering CalWORKS HSP funds since 2016 and HDAP funds since 2017. The County also has several years of experience providing interim housing to persons with serious mental illness and other highly vulnerable persons. The County has been operating support for emergency housing interventions. The County of Humboldt has had contracts with several agencies to provide shelter for persons experiencing homelessness over the last five years, including two active contracts for shelter with two nonprofits.	30	23	365	5	1				Yes		
Activity #4	\$202,448	38.0%			25	20	365	13	4				Yes		
Total:	\$532,759														

CoC Services Area Allocation requested §50490.2: \$532,759
Projected administrative costs §50490.7(b): \$26,638

Estimated Budget and Goals §50490.3(a)(5)
 Rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness.
 Opening subsidies in the form of 15-year capitalized operating reserves for new and existing affordable permanent housing units for homeless individuals and/or families.
 Flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families.
 Operating support for emergency housing interventions including but not limited to: navigation centers, street outreach, and shelter diversion.
 Systems support for activities necessary to maintain a comprehensive homeless services and housing delivery system, including Coordinated Entry System (CES) data, and Homeless Management Information System (HMS) reporting, and homelessness planning activities.
 Develop or update a CES, if the CoC does not have a system in place that meets the applicable HUD requirements, as set forth in Section II.E.3.A of the NOFA.
 Development of a plan addressing actions to be taken within the CoC service area. (No such plan exists.)

Instructions: Complete the following chart by listing the anticipated estimated amounts to be used for the specific eligible activities the AE and/or local partner will carry out with the allocation requested above. Describe each activity and the experience the AE or local partner has administering it. Identify numerical goals and performance measures to be used to evaluate success in achieving each eligible activity. Certify that each activity will be administered consistent with Housing First as described in §(I)G of the NOFA.

CoC Certification of AE Designation to Administer Funds

By signing below, the CoC Representative certifies
CoC to administer 2019 CESH funds.

County of Humboldt

is designated by the

Certification of AE Designation to Administer Funds

Robert Ward
Printed Name of CoC Authorized Representative

Housing and Assistance Coordinator
Title

Robert Ward
CoC Authorized Representative Signature

6/20/19
Date

